

RELEASE AND WAIVER OF LIABILITY

The Undersigned, or someone for whom the Undersigned is acting as a parent or legal guardian, (hereinafter referred to as the "Participant") desires to participate in the _____ (hereinafter referred to as the "Event") which is sponsored, in whole or in part, by St. Johns Presbyterian Church (hereinafter referred to as the "Church"). In consideration for the Participant being permitted to participate in the Event, the Undersigned especially agrees on his/her own behalf of the Participant and their respective heirs, devisees and legal representatives that the Undersigned accepts any and all risks arising from or related to the Participant's involvement with or participation in the Event.

The Undersigned hereby releases the Church, and its respective officers, directors, employees and agents from any and all liability, regardless of how it arises, which is associated in any way with the Participant's involvement with or participation in the Event. Furthermore, the Undersigned agrees to indemnify, defend and hold the Church harmless for any and all claims, demands, expenses and/or liability caused by the Participant and in any way arise out of or relate to the Participant's involvement with or participation in the Event.

The Undersigned understands and acknowledges that this Release and Waiver of Liability includes any claims that may arise based upon the negligent action or omission of the Church and their respective officers, directors, employees, agents, and volunteers with respect to the Event or any injuries or damages associated with the Participant's involvement with or participation in the Event, including, but not limited to the Church failing to properly supervise the Participant during the Event.

The Undersigned understands and acknowledges that the Church would not allow the Participant to participate in the Event without the execution of the Release and Waiver of Liability.

The Undersigned understands and acknowledges that the Participant may incur personal injury or bodily damage while participating in the Event, including transportation to and from the site of the Event. Accordingly, the Undersigned authorizes treatment of the Participant by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the treating physician or Church representative, may endanger the Participant's life, cause disfigurement, physical impairment, or undue discomfort if treatment is delayed. This authority is granted only after a reasonable attempt has been made to contact the Undersigned.

The Release and Waiver of Liability shall be construed in accordance with the laws of the State of Florida. If any court determines that any provision of this Release and Waiver of Liability, or any part thereof, is illegal or unenforceable; the remainder of this Release and Waiver of Liability or such provision shall continue to be in effect.

This Release and Waiver of Liability may not be modified in any manner unless such modification is in writing and approved by both the Undersigned and the Church. Whenever required by the context of this Release and Waiver of Liability, the singular shall include the plural and the plural shall include the singular.

The Undersigned acknowledges that he/she has reviewed this Release and Waiver of Liability, and completely understands and accepts all provisions hereof.

The Undersigned represents and promises that he/she is the parent or legal guardian of the Participant and has full authority to execute this Release and Waiver of Liability in favor of the Church.

Signature of Undersigned
As Parent or Guardian for Participant

Printed Name of Undersigned

Printed Name of Participant

Date

PARTICIPANT INFORMATION

Name of Parent or Guardian _____

Address _____

Telephone at Home _____

Telephone at Work _____

Other Phone (specify cellular, pager, etc.) _____

Special Medical Conditions (medications, allergies, etc.) _____

Family Doctor (name and telephone number) _____

Insurance Company (include policy number and phone number of Insurance Company)
